

Updated June 2021

PSNC Briefing 009/21: Serious Shortage Protocol (SSP): SSP012 – Estradot® 75microgram patches

Introduction

This PSNC Briefing provides information on the Serious Shortage Protocol (SSP) for Estradot® 75 microgram patches issued by the Department of Health and Social Care on 29th April 2021. **SSP012** will enable community pharmacists in England, Wales, and Northern Ireland to supply patients with either **Evorel® 75 microgram patches** or **Estraderm MX® 75 microgram patches** against a prescription for Estradot® 75 microgram patches.

For prescriptions (NHS or private) requesting:	Supply permitted under SSP012:
Estradot® 75 microgram patch x 1	Evorel® 75 microgram patch x 1 OR Estraderm MX® 75 microgram patch x 1

SSP012 provides that for every Estradot® 75 microgram patch originally prescribed, either **one Evorel® 75 microgram patch or one Estraderm MX® 75 microgram patch** can be supplied. SSP012, authorised by the Secretary of State, has been developed by clinicians and provides pharmacists with procedures to follow in providing either of these suitable alternative products to help reduce the number of patients having to return to their prescriber for a replacement prescription.

Pharmacists are required to read and comply with the requirements outlined within the individual SSP as published on the [NHSBSA website](#). This briefing is only intended as a guide to read in conjunction with [PSNC's SSP guide for community pharmacy teams](#).

This SSP commenced on 29 April 2021 and is currently due to expire on 11 June 2021; the expiry date may be brought forward or extended so the validity of the SSP should be checked on the [NHSBSA website](#), as appropriate. PSNC will update contractors on any changes.

Key points

1. Pharmacists who receive a prescription for Estradot® 75 microgram patches **must** consider SSP012.
2. Pharmacists should ensure they are using the latest version of an SSP before considering the supply of an alternative product.
3. The supervising pharmacist **may** supply the alternative products – having exercised his/her professional skill and judgement – he/she is of the opinion the supply is reasonable and appropriate for the patient, and the patient agrees and consents to the alternative supply
4. Ensure that patients considered unsuitable for inclusion are promptly referred to their prescriber for further advice.
5. The supervising pharmacist should ensure that the patient’s prescriber is notified when supplying a patient in accordance with this SSP.
6. The supervising pharmacist should explain to patients who are supplied in accordance with this SSP on monitoring and managing potential side effects, such as:
 - a. Vaginal ‘breakthrough bleeding’;

- b. Irritation caused by wearing a different patch to one they are used to;
 - c. Patches coming off or not adhering properly.
7. Patients who experience persistent side effects from alternative patches supplied in accordance with this SSP should be referred back to their prescriber promptly
8. There are **additional considerations** associated with supply under an SSP, for example:
 - a. **Dosage** - should remain as originally prescribed.
 - b. Under this SSP the total **quantity** supplied should be equivalent to the duration of treatment as the original prescription.
 - c. **Labelling** should include 'supplied against SSP number [state number]';
 - d. **Claiming/endorsement** – see additional endorsement guidance below;
 - e. **Record-keeping** – the alternative supply should be recorded on the PMR/as per your usual SOP;
 - f. GP notification is not required for these SSPs but may be professionally/clinically appropriate in certain cases;
 - g. **Patient consent/agreement** – if a patient declines the alternative under an SSP you should advise them to return to the prescriber; and
 - h. All prescriptions in England, Wales and Northern Ireland are covered under these SSPs, including hospital and private prescriptions.

Endorsements

To ensure correct payments (fees and reimbursement) for any supplies made against this SSP, the contractor must endorse the prescription form, EPS Token or Electronic Reimbursement Endorsement Message (EREM) as per Clause 9, Part II of the Drug Tariff. **When supplying in accordance with these SSPs, contractors should refer to the updated endorsement guidance for each SSP available on [NHSBSA's SSP page](#).**

Please see below the required endorsements for this SSP:

- **'SSP 012' or 'NCSO'** – to indicate that the supply was made in accordance with an SSP. For endorsement purposes, SSP012 should be endorsed as SSP 012. (Note. Use of 'NCSO' endorsement for SSPs is being phased out and will not be accepted after 5 October 2021)
- **Details of replacement product supplied in accordance with the SSP where applicable** (drug name, strength, formulation)
- **Quantity of replacement product supplied.**

See below worked endorsement example for a supply made under SSP007 on paper prescription or EPS Token:

Prescription for	Pharmacy contractor supplied under SSP012	Endorsement example	
Estradot® 75 microgram patch x 8	Evorel® 75 microgram patch x 8 OR Estraderm MX® 75 microgram patch x 8	SSP 012, Evorel 75 microgram patch x 8	Estradot 75 microgram patch 8 patches As directed
		SSP 012, Estraderm MX 75 microgram patch x 8	Estradot 75 microgram patch 8 patches As directed

If the contractor chooses to endorse the EPS Token instead of the EREM, then they will need to indicate on the EREM either "ND" or "Not dispensed" and then proceed with the endorsement on the EPS Token. Please see below the required endorsements for this SSP.

SSP endorsed FP10 paper prescriptions and EPS Tokens must be placed at the front of the red separator (preferably tied with an elastic band) when submitted to the NHSBSA for processing. **DO NOT** place SSP-endorsed Tokens with other Tokens submitted as part of usual end of month submission process (Tokens with paid and exempt status declaration except for age-exempt patients).

See below worked endorsement example for a supply made under SSP012 on electronic prescription:

Where '**SSP**' endorsement functionality is available on the dispensing system the contractor must select SSP, select the appropriate pack in the system and input/endorse the three-digit reference number.

Prescription for	Pharmacy contractor supplies and <u>selects in system</u> pack of	Endorsement example
Estradot® 75 microgram patches x 8	Evorel® 75 microgram patches x 8 OR Estraderm MX® 75 microgram patches x 8	SSP 012

Where '**SSP**' endorsement functionality is **NOT** available on the dispensing system, but the contractor is able to use the 'NCSO' functionality for SSPs then endorse 'NCSO' and supply the additional information as detailed in the table below. Note: there should be no spaces in between the wording for the endorsement options as outlined in the table below

Prescription for	Pharmacy contractor supplied	Endorsement example
Estradot® 75 microgram patches x 8	Evorel® 75 microgram patches x 8	NCSO,Evorel 75mcg patches x 8
Estradot® 75 microgram patches x 8	Estraderm MX® 75 microgram patches x 8	NCSO,Estraderm MX 75mcg patches x 8

A transition period (1 June - 5 October) has been agreed to enable use of the existing 'NCSO' endorsement until the beginning of October 2021 (to include September SSP claims, submitted by the 5 October). During the transition period, the NHSBSA will accept either the new 'SSP' or existing 'NCSO' endorsement for any SSP claims submitted using electronic prescriptions, EPS tokens of FP10 paper prescriptions.

See our [PSNC Briefing 011/21: Serious Shortage Protocols \(SSPs\) updated endorsing](#) for the full endorsement guidance.

Record keeping

There is no separate formal declaration required of monthly SSP claims submitted on the FP34C submission document or via the digital submission form using Manage Your Service (MYS). Contractors are advised to keep a record of all monthly SSP claims submitted for payment (including any 'SSP'/'NCSO'-endorsed paper prescriptions, Tokens and electronic claim messages) for reconciliation against the Schedule of Payments.

Prescription charges

For each item, only **one** prescription charge will be applicable for patients who are not exempt from prescription charges. The only circumstance in which patients would not have to pay for a prescription charge is where an SSP requires a lower quantity to be supplied. Please note that the SSP for Estradot® 75 microgram patch does not allow for a lower quantity to be supplied, so patients who pay for their prescriptions will continue to pay prescription charges.

Reimbursement and remuneration

Reimbursement is for the medicine supplied in accordance with the SSP and not the originally prescribed medicine i.e. in this instance contractors will be reimbursed the Drug Tariff Part VIIIA reimbursement price for Evorel® 75 microgram patch or Estraderm MX® 75 microgram patch. The reimbursement price will account for VAT payment. Supply in accordance with the SSP will result in the following fees being paid to the contractor:

- One Single Activity fee (currently £1.27)
- One SSP fee (£5.35)

What to do if you believe you have not been paid accurately for SSP claims submitted

Where pharmacy teams have correctly endorsed and submitted a claim for an SSP but the Schedule of Payment does not indicate the correct number of SSP fees expected, contractors are advised to check their **Prescription Item reports** to identify which of the SSP claims were successfully processed by the NHSBSA. If the reasons for any non-payment of SSPs cannot be established, contractors are advised to contact NHSBSA Prescription Services team on 0300 330 349 or email nhsbsa.prescriptionservices@nhsbsa.nhs.uk.

If contractors are confident that payment for any SSPs claimed has been incorrectly calculated by NHSBSA, a bundle **re-check request** can be submitted. If the issue remains unresolved, contractors should contact PSNC's Dispensing and Supply Team on 0203 1220 810 or email info@psnc.org.uk for further advice.

Top Tips

- NHSBSA advise that contractor SSP claims should be clear and unambiguous and follow the protocol guidelines – NHSBSA processing staff must be able to determine what has been supplied.
- Ensure that the dispensed notification messages for all EPS SSP claims are submitted on time each month and before the expiry date of the SSP. View our [SSP submission reminder](#) to ensure your SSP claims are appropriately submitted to NHSBSA for reimbursement.
- Provided that supplies are made within the expiry date of the SSP012, any SSP claims will continue to be accepted for up to three calendar months after expiry or withdrawal of the SSP. For example, SSP for Estradot® 75 microgram patch, which is due to expire on **11th June 2021**, the NHSBSA would look for the 'SSP'/NCSO' endorsement in the June batch (submitted by the 5th July) right up to the August batch (submitted by the 5th of September). Please note that **SSPs cannot be supplied past the period of SSP validity**. Any other items on the same prescription form (including any items that are owing) can continue to be dispensed as usual but must be submitted for payment within three months of expiry of the SSP.
- Pharmacy teams are advised to submit SSP claims using the EPS Token if the PMR systems do not support/capture all the SSP endorsement requirements for a valid 'SSP'/NCSO' claim.
- If using the EPS Token to submit SSP claims, remember need to indicate on the EREM or electronic claim message either "ND" or "Not dispensed" and then proceed with the endorsement on the EPS Token to avoid double-claiming.
- Where available, use the claim amend facility on your PMR system to rectify any incorrect EPS claims already submitted within a calendar month.
- Check that the correct number of patient charges are collected and declared on the end of month FP34C submission form.
- Any paper prescriptions or Tokens with SSP claims need to be placed in a red separator (and kept separate from other Tokens for non-payment i.e. with paid/exempt status).

- Pharmacy contractors are advised to keep a record of all SSP claims submitted each month to reconcile against the Schedule of Payments.
- For guidance on SSPs in Wales, click [here](#).
- For guidance on SSPs in Northern Ireland, click [here](#).

SSP FAQs

Q. Can I combine strengths of two Estradot patches (50 micrograms and 25 micrograms) to make up the 75 micrograms strength for supply against SSP012?

A. No. SSP012 does not authorise use of patches in other strengths to make up to the required strength of 75mcg.

Q. How can I check if I have been correctly paid for any supplies made under SSPs?

A. The total of any SSP fees paid will appear on your monthly Schedule of Payment under 'SSP Remuneration (SSP fees)'. The 'SSP reimbursement' field will indicate the total VAT element only applicable to any supplies made under SSPs. Contractors are strongly advised to keep a monthly record of all supplies made against SSPs to reconcile against the Schedule of Payments.

Q. Does the SSP apply in Scotland, Northern Ireland and Wales?

A. The SSP applies in England, Wales and Northern Ireland. It does **NOT** apply in Scotland.

Resources

[PSNC Briefing 011/21](#) - This PSNC Briefing relates to the updated endorsing guidance for SSPs

[PSNC Briefing 023/19](#) - This PSNC Briefing describes how SSPs will work in practice and provides guidance on what you need to do if an SSP is put in place.

[NHSBSA SSP page](#)

If you have any queries on this PSNC Briefing or you require more information, please contact:

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